

<small>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE BELLICOTT CITY, MD 21103 PERMITS (410) 313-5433 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3600</small>		<h2 style="margin:0;">HOWARD COUNTY</h2> <h3 style="margin:0;">PERMIT APPLICATION</h3>		<h2 style="margin:0;">PERMIT NUMBER</h2> <h1 style="margin:0;">B08002339</h1>	
Building Address <u>2934 Summer Hill Drive</u> <u>West Friendship MD 21794</u>		Property Owner's Name <u>phil & Jan Howe</u>			
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>2934 Summer Hill Drive</u>			
Census Tract _____ Subdivision <u>Sobus Farm</u>		City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>			
Section _____ Area _____ Lot <u>21</u>		Phone <u>410-442-5915</u> Phone <u>410 746-0156</u>			
Tax Map _____ Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated hereon):			
Zoning _____ Map Coordinates _____ Lot size _____		Phone _____ Fax _____			
Existing Use <u>Concrete patio</u>		Contractor Company <u>Myers Handyman Co LLC</u>			
Proposed Use <u>14x36 Deck & screened Porch</u>		Contact Person <u>Wayne Myers</u>			
Estimated Construction Cost \$ <u>35,000.09</u>		Address <u>2375 Duvall Rd</u>			
Description of Work <u>Construct 14x36 Deck and Enclose 15x14 to Make screened porch</u>		City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>			
		License No. <u>122502</u>			
		Phone <u>410 489-4446</u> Fax <u>410 489-6662</u>			
Occupant or Tenant <u>phil & Jan Howe</u>		Engineer or Architect Company <u>Myers Handyman Company LLC</u>			
Contact Name <u>phil Howe</u>		Contact Person <u>Dennis Tinkle</u>			
Address <u>2934 Summer Hill Drive</u>		Address <u>2375 Duvall Rd</u>			
City <u>West Friendship</u> State <u>MD</u> Zip Code <u>21794</u>		City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u>			
Phone <u>410 442-5915</u> Fax _____		Phone <u>410 489-4446</u> Fax <u>410 489-6662</u>			

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>40'</u> <u>50'</u> 2nd floor: <u>40'</u> <u>50'</u> Basement: <u>40'</u> <u>50'</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Wayne Myers Print Name _____
 Title/Company Myers Handyman Company LLC Date August 4, 2008

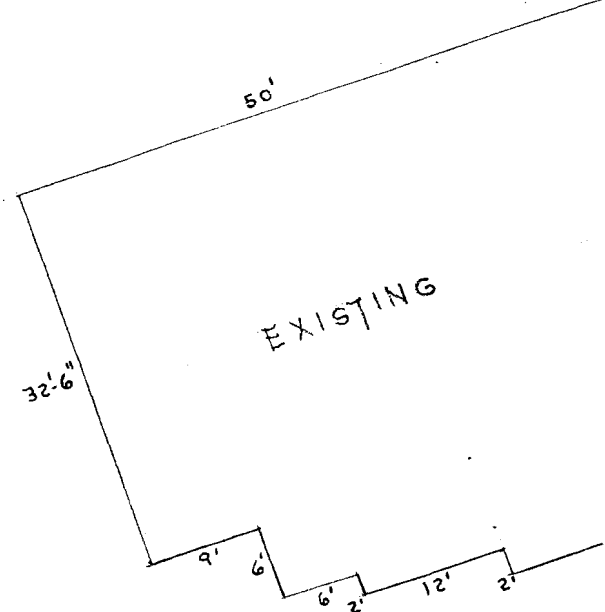
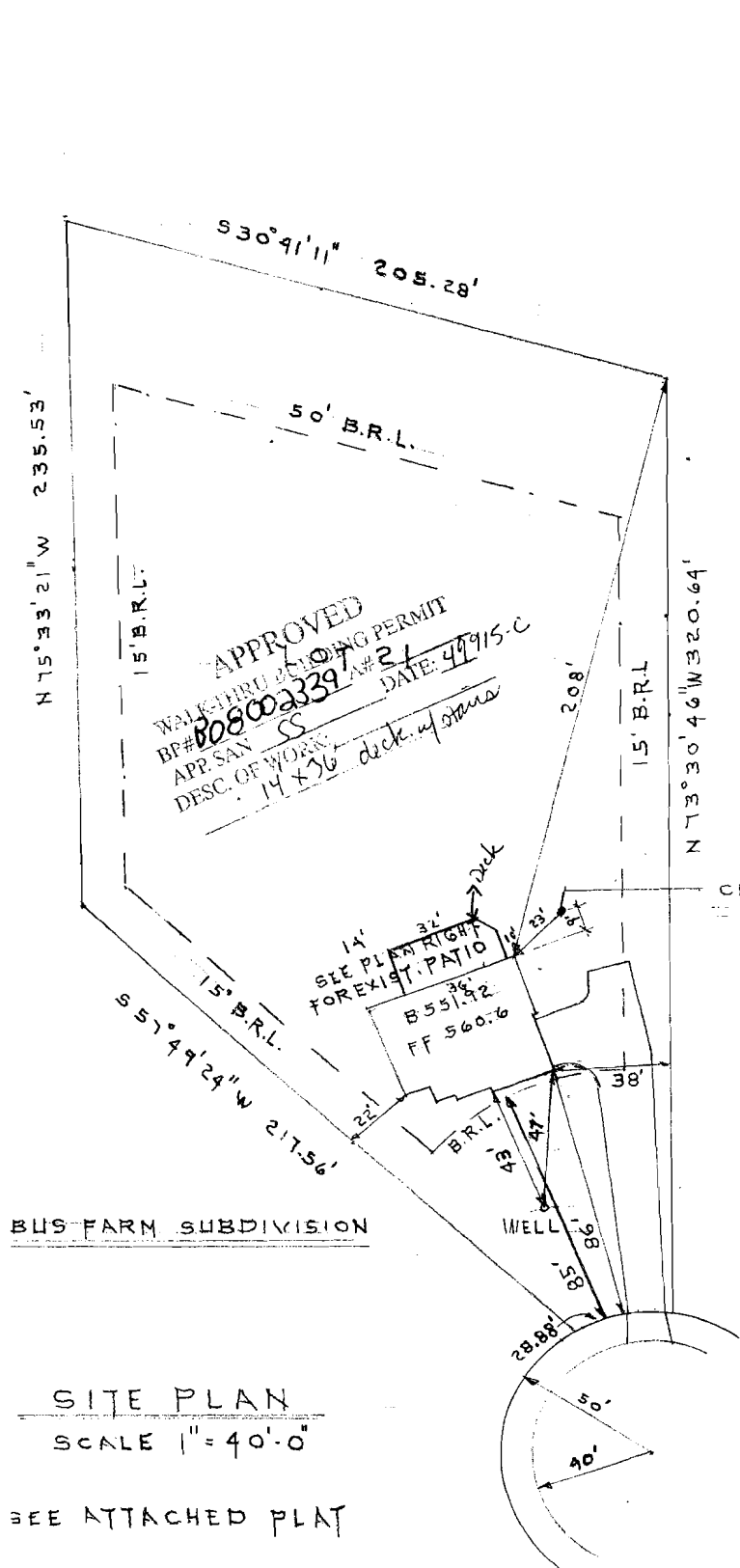
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY. ****

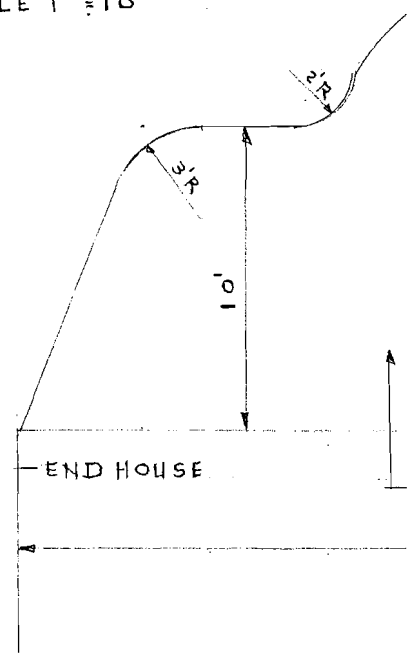
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>8/6/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies:	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
T:forms\PERMIT.FRM				Gold: SHA

Rev. 11/4/04



EXISTING SIZE
 SCALE 1" = 10'



SITE PLAN
 SCALE 1" = 40'-0"

SEE ATTACHED PLAT